

PTO/SB/82 (10-00)

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | 10/623,950 |
|------------------------|--------------|
| Filing Date | 07/21/2003 |
| First Named Inventor | Jason BROWN |
| Group Art Unit | 2127 |
| Examiner Name | |
| Attorney Docket Number | C02-0109-000 |

| I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application: | | | | | | | |
|--|-------------|-------|--|---|--|--|--|
| A Power of Attorney or Authorization of Agent is submitted herewith. | | | | | | | |
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| Applicant/Inventor. | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | |
| Name Jason Brown | | | | | | | |
| Signature | | | | | | | |
| Date 6/9/2004 | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| Total offorms are submitted. | | | | | | | |
| And the Control of the Individual Control of | | | | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.